

Tobacco Surveillance Report

January 2007

Tobacco Cessation Attempts and Intentions The Montana 2005 Adult Tobacco Survey

Tobacco is a psychoactive drug that reaches the brain within seven seconds of administration.¹ It is extremely addictive, as anyone who has tried to quit a longstanding tobacco habit can attest. Any given attempt to quit has a relatively low probability of success but many people have quit after several attempts.² There are several evidence-based cessation aids that can help people quit cigarettes and spit tobacco.

The benefits of quitting begin immediately:³ blood pressure and pulse rate drop and peripheral circulation increases within minutes. Blood oxygen content increases within hours. The risk of a heart attack decreases within a day. Physical activity becomes easier within weeks. After a year, the risk of heart disease decreases to half that of a current smoker. After five years, the risk of stroke decreases to that of someone who has never smoked. After ten years, the risk of cancer decreases to half that of current smokers. By 15 years after quitting, the risks of heart disease and cancer approach those of people who have never smoked.

Health care providers play an important role in helping patients quit tobacco use and can be a delivery point for cessation assistance.² Many forms of assistance, including nicotine replacement therapy (NRT), are available over the counter, but provider encouragement is important.⁴ In addition, physicians can provide prescription cessation aids. The use of NRT in combination with prescription medications doubles the chances of quitting successfully.^{2,5} Other assistance modalities are also effective. These include classes, counseling, and self-help materials that provide behavioral support for quitting.⁵ The Montana Quit Line was established in May 2004. It offers counseling, NRT, and self-help materials via a toll-free telephone service.

The 2005 Montana Adult Tobacco Survey conducted anonymous telephone interviews of more than 2,000 people. Respondents were representative of state residents in terms of sex, age, and race. Eighteen percent of the respondents were current smokers and 13% of men were current spit tobacco users. Current smokers and spit tobacco users were asked about their prior quit attempts and future intentions.

¹ Henningfield and Fant. 1999. *Nicotine Tob Res* 1 (Suppl2): S31-S35.

² Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004.

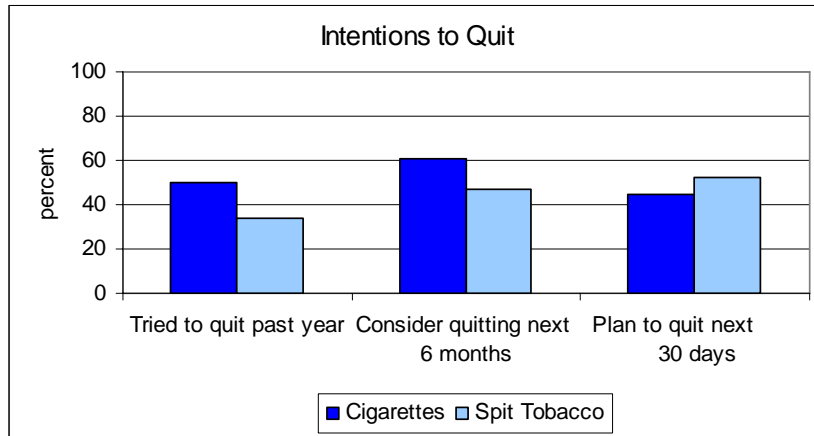
³ The health consequences of smoking: a report of the Surgeon General. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, D.C.: U.S. G.P.O., 2004.

⁴ Ranney L, Melvin C, Lux L, McClain E, Morgan L, Lohr K. Tobacco Use: Prevention, Cessation, and Control. Evidence Report/Technology Assessment No. 140. AHRQ Publication No. 06-E015. Rockville, MD: Agency for Healthcare Research and Quality. June 2006.

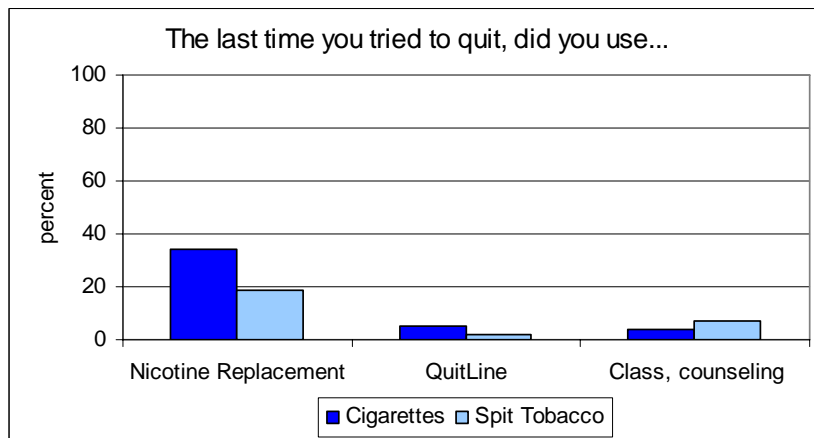
⁵ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

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Half of current cigarette smokers had tried to quit in the 12 months before the survey, 61% were considering quitting in the next six months, and 45% were planning to quit in the next 30 days. One third of spit tobacco users had tried to quit, 47% were considering quitting in the next six months, and 52% were planning to quit in the next 30 days.



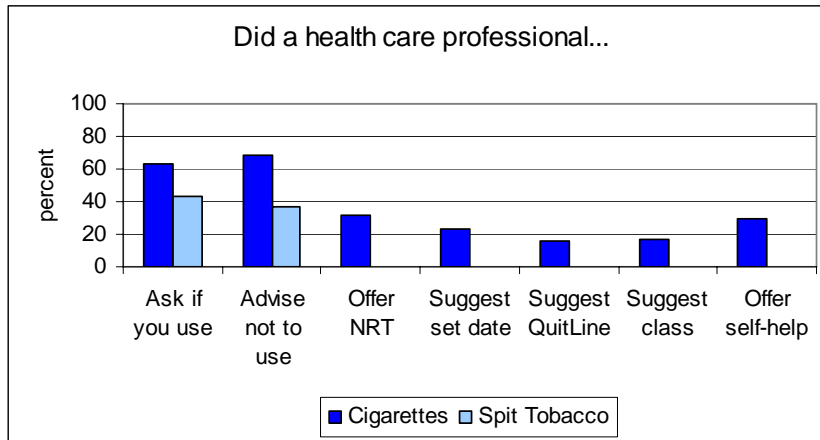
Although 26% of respondents were former smokers who had quit, and 25% of male respondents were former spit tobacco users who had quit, many quit attempts are not successful. Current smokers and spit tobacco users who had tried to quit unsuccessfully reported underutilizing assistance known to be helpful, including Nicotine Replacement Therapy (34% of smokers and 19% of spit users), a toll-free telephone Qui Line (<5% of smokers or spit tobacco users), or classes or counseling (< 10% of smokers or spit tobacco users). This is consistent with the results of a recent national survey.⁶



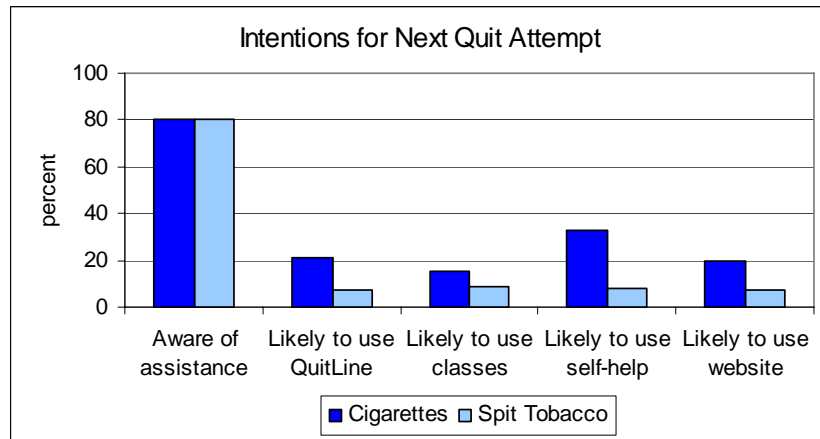
Sixty-one percent of both cigarette smokers and spit tobacco users had seen a health care provider in the 12 months before the survey. Of these respondents, fewer than 2/3 of smokers and fewer than 1/2 of spit users were asked about tobacco use. Sixty-eight percent of smokers but only 37% of spit users were advised not to use tobacco by their health care provider. Fewer than one third of smokers reported that their health care provider recommended each type of quitting assistance.

⁶ Cokkinides et al. 2005. *Am J Prev Med* 28:119-122.

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Although many Montana tobacco users expressed a desire and intention to quit, and most (80%) were aware of one or more modalities of assistance to quitting, relatively few expected to use any form of behavioral assistance to quit in a future quit attempt.



Health care providers should recognize their key role in encouraging patients to give up tobacco use. This message should be repeated at each encounter. Providers can be an important source of information about forms of assistance known to increase the chances of quitting successfully. Some quitting aids, such as prescription antidepressants, are available only through health care providers; antidepressants in combination with NRT are a particularly effective approach to quitting for many patients.⁷ Half of smokers and spit tobacco users have tried to quit in the past, and half or more express intentions to quit in the near future, but few have tried proven aids to quitting and few plan to use them in future attempts. Providers should emphasize the availability and effectiveness of quitting aids. Referral to the Montana Quit Line puts patients in touch with a free service that provides several effective quitting aids, including NRT, self-help materials, and counseling.

⁷ Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004; U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

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Alternative accessible formats of this publication will be provided on request. For further information, contact Carol Ballew, PhD, Epidemiologist, Montana Tobacco Use Prevention Program, at 406-444-6988, cballew@mt.gov

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